

## **Frequently Asked Questions regarding reporting Hospital Owned Provider-Based Clinic Facility Fee**

In accordance with RCW 70.01.040, all hospitals with provider-based clinics that bill a separate facility fee shall report information annually to the Department of Health (DOH).

### **When must hospital reporting Hospital Owned Provider-Based Clinic Facility Fee information be reported to DOH?**

Report the data along with the hospitals year-end financial reports submitted to the Department of Health pursuant to RCW 43.70.052. This reporting date is 120 days after the end of the hospitals fiscal year.

### **How should hospitals reporting Hospital Owned Provider-Based Clinic Facility Fee information send it to DOH?**

Please submit Hospital Owned Provider-Based Clinic Facility Fee information to DOH either by mail, fax or email to the following address:

Washington State Department of Health  
Community Health Systems  
Hospital Financial and Charity Care Section  
MS: 47853  
Olympia, WA 98504-7853  
Fax: (360) 236-2870  
Email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)

### **Can this information be reported electronically?**

Yes, hospitals may email Hospital Owned Provider-Based Clinic Facility Fee information to:

[hos@doh.wa.gov](mailto:hos@doh.wa.gov)

### **Which fees need to be reported?**

RCW 70.01.040 (5)

- (a) **"Facility fee"** means **any separate charge or billing by a provider-based clinic** in addition to a professional fee for physicians' services **that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.**

### **Which clinics need to be reported?**

RCW 70.01.040 (5)

- (b) **"Provider-based clinic"** means the site of an **off-campus clinic or provider office** located at least two hundred fifty yards from the main hospital buildings **or** as

**determined by the centers for Medicare and Medicaid services**, that is owned by a hospital licensed under chapter 70.41 RCW or a health system that operates one or more hospitals licensed under chapter 70.41 RCW, **is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring**. This does not include clinics exclusively designed for and providing laboratory, x- ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics

### **What will DOH do with the information provided?**

Department of Health will publish the information reported on the department website: <http://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalFinancialData/HospitalOwnedProvider-BasedClinicFacilityFeeReporting.aspx>

### **What items need to be reported?**

- 1) The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee.
- 2) The number of patient visits at each provider-based clinic for which a facility fee was charged or billed for the year;
- 3) The revenue received by the hospital for the year by means of facility fees at each provider-based clinic;
- 4) The range of allowable facility fees paid by public or private payers at each provider-based clinic

### **For item 2, how is "the number of patient visits at each provider-based clinic..." defined?**

This would be a total count of all visits regardless of payer or return visit for the given time frame.

### **How is the Department defining "revenue" for purposes of item 3 of this report?**

The language in the law, "revenue received" means revenue actually received by the hospital, not billed charges. To make things more straightforward, this would be charges after contractual adjustments, charity care, bad debt and administrative adjustments, just like net patient service revenue.

### **For item 4, how is "the range of allowable facility fees paid by public or private payers..." defined?**

This would be a high-low range over any and all payers for that time frame. An example would be (\$100-\$225). The low and the high could come from different clinics or payers.

**Can a healthcare system report reporting Hospital Owned Provider-Based Clinic Facility Fee for all of their hospitals on one form?**

The law requires each hospital to report reporting Hospital Owned Provider-Based Clinic Facility Fee. Therefore, each hospital in a healthcare system should report on a separate form.

**Who can I contact with additional questions?**

Contact person: Randy Huyck

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Fax: (360) 236-2870

Email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)